



U.S. Department of Transportation
Federal Aviation Administration

MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved
OMB No. 2120-0020
2/28/2011

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark N36349	Serial No. 967-73	
	Make Bellanca	Model 7ECA	Series
2. Owner	Name (As shown on registration certificate) Mason. Lewis G.		Address (As shown on registration certificate)
			Address 628 Edgewater Ln City Moses Lake State WA Zip 98837 Country USA

3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial Number
<input type="checkbox"/>	<input type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	POWERPLANT	Lycoming	O-235-C1	L-15092-15
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency	
Name Dan Moore		<input checked="" type="checkbox"/> U.S. Certificated Mechanic	<input type="checkbox"/> Manufacturer
Address 1800 W. Broadway		<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
City Moses Lake State WA		<input type="checkbox"/> Certificated Repair Station	2782091
Zip 98837 Country USA		<input type="checkbox"/> Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual 03-21-2011
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is APPROVED REJECTED

BY	<input type="checkbox"/> FAA FIT Standards Inspector	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Maintenance Organization	<input type="checkbox"/> Person Approved by Canadian Department of Transport
	<input type="checkbox"/> FAA Designee	<input type="checkbox"/> Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. 2792091	Signature/Date of Authorized Individual Dan Moore 03-21-2011
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